



Docket: CU-2148

PATENT

#3

### COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

#### TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original  
☐ design  
☐ supplemental

Note: If the Declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

- ☐ national stage of PCT

Note: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional  
☐ continuation  
☐ continuation-in-part (CIP)

#### INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

#### TITLE OF INVENTION

NOVEL, NON-ANTIGENIC, MUCOSAL ADJUVANT FORMULATION  
WHICH MODULATES THE EFFECTS OF SUBSTANCES, INCLUDING  
VACCINE ANTIGENS, IN CONTACT WITH MUCOSAL BODY SURFACES

#### SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- ☐ (a) is attached hereto.  
☒ (b) was filed on February 23, 2000 as Serial No. 09/511,582.  
☐ (c) was described and claimed in PCT International Application No. \_\_\_\_\_  
filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_  
(if any).

### ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,

(also check the following items, if desired)

- ☐ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- ☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

### PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- ☒ (d) no such applications have been filed.
- ☐ (e) such applications have been filed as follows.

Note: Where item (c) is entered above and the international application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

### PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day/month/year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES      NO <input type="checkbox"/>
			<input type="checkbox"/> YES      NO <input type="checkbox"/>

### CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (34 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER	FILING DATE

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

*Note: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.*

**POWER OF ATTORNEY**

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (*list name and registration number*).

Thomas F. Peterson, 24790; Richard J. Streit, 25765; Timothy J. Keefer, 35567; Dennis K. Scheer, 39356; Douglas S. Rupert, 44434; Steven L. Schmid, 39358; Paul B. West, 18947; Joseph H. Handelman, 26179; Peter D. Galloway 27885; John Richards, 31503; Iain C. Baillie, 24090; Richard P. Berg, 28145

☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

**SEND CORRESPONDENCE TO:**

Thomas F. Peterson  
c/o Ladas & Parry  
224 South Michigan Avenue  
Chicago, Illinois 60604

**DIRECT TELEPHONE CALLS TO:**

(*Name and telephone number*)

(312) 427-1300

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)**

**Full name of first inventor**

Jan

(Given Name)

(Middle Initial or Name)

RAA

(Family (or Last) Name)

**Inventor's signature**

Date 30. March 2000

Country of Citizenship

Norway

**Residence**

Oslo, Norway

**Post Office Address**

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**Full name of second joint inventor**

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**Full name of third joint inventor**

Hilde  BAKKE  
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**Full name of fourth joint inventor**

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**Full name of fifth joint inventor**

Inger Lise HAUGEN  
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Post Office Address National Institute of Public Health, P.O. Box 4404 Torshov,  
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**Full name of sixth joint inventor**

Johan  HOLST  
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Residence Oslo, Norway  
Post Office Address National Institute of Public Health, P.O. Box 4404 Torshov,  
N-0403 Oslo, Norway

Full name of seventh joint inventor

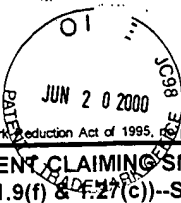
Liba (Given Name) Ellen (Middle Initial or Name) JANAKOVA (Family (or Last) Name)  
Inventor's signature *Liba Janakova*  
Date *4. april 2000* Country of Citizenship *Norway Czech Republic*  
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Full name of eighth joint inventor

Gro (Given Name) Ellen (Middle Initial or Name) KORSVOLD (Family (or Last) Name)  
Inventor's signature *Gro Ellen Korsvold*  
Date *April 3 2000* Country of Citizenship *Norway*  
Residence Oslo, Norway  
Post Office Address National Institute of Public Health, P.O. Box 4404 Torshov,  
N-0403 Oslo, Norway

Full name of ninth joint inventor

Fredrik (Given Name) (Middle Initial or Name) OFTUNG (Family (or Last) Name)  
Inventor's signature *Fredrik Oftung*  
Date *April 3 2000* Country of Citizenship *Norway*  
Residence Oslo, Norway  
Post Office Address National Institute of Public Health, P.O. Box 4404 Torshov,  
N-0403 Oslo, Norway



<b>STATEMENT CLAIMING SMALL ENTITY STATUS</b> <b>(37 CFR 1.9(f) &amp; 1.27(c))--SMALL BUSINESS CONCERN</b>		Docket Number (Optional) CU-2130 TJK
Applicant, Patentee, or Identifier: <u>Jan RAA et al</u>		
Application or Patent No.: <u>09/511,582</u>		
Filed or Issued: <u>February 23, 2000</u>		
Title: <u>NOVEL NON-ANTI-GENIC, MUCOSAL ADJUVANT FORMULATION WHICH MODULATES THE EFFECTS OF SUBSTANCES, INCLUDING VACCINE ANTIGENS, IN CONTACT WITH MUCOSAL BODY SURFACES</u>		
I hereby state that I am <input type="checkbox"/> the owner of the small business concern identified below: <input checked="" type="checkbox"/> an official of the small business concern empowered to act on behalf of the concern identified below:		
NAME OF SMALL BUSINESS CONCERN <u>BIOTEC ASA</u>		
ADDRESS OF SMALL BUSINESS CONCERN <u>Strandgata 3,</u> <u>N-9008 Tromso, Norway</u>		
I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416.		
I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:  <input type="checkbox"/> the specification filed herewith with title as listed above. <input checked="" type="checkbox"/> the application identified above. <input type="checkbox"/> the patent identified above.		
If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).  Each person, concern, or organization having any rights in the invention is listed below: <input checked="" type="checkbox"/> no such person, concern, or organization exists. <input type="checkbox"/> each such person, concern, or organization is listed below.		
Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)		
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))		
NAME OF PERSON SIGNING <u>GUNNAR RORSTAD</u>		
TITLE OF PERSON IF OTHER THAN OWNER <u>GENERAL MANAGER</u>		
ADDRESS OF PERSON SIGNING <u>STRANDGATA 3, N-9008 TROMSO, NORWAY</u>		
SIGNATURE <u>[Signature]</u>		DATE <u>MARCH 14, 2000</u>